

## ***Implementing a guideline on diagnosis & treatment of acute sinusitis***

### ***Why we undertook this Initiative –***

In June 00, we were offered the opportunity to obtain a site license for the 34 guidelines from Group Health Cooperative of Puget Sound if we sent a team to 4-days of training and agreed to implement one guideline of our choice.

During the four-day training, we identified a performance gap in the way that we treat sinusitis and an opportunity to improve the cost effectiveness of sinusitis diagnosis and treatment in our MTF.

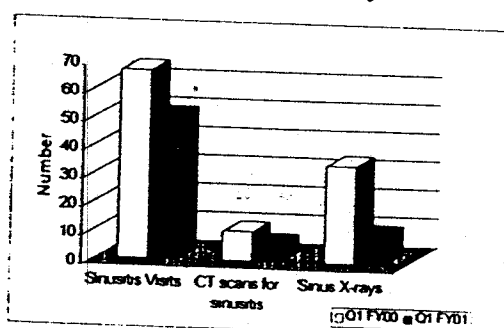
### ***What we did –***

We developed an SF 600 overlay, based on the guideline, outlining the historical and clinical exam factors that increase the probability of sinusitis versus a viral URI. The SF600 also included antibiotic recommendations and reminders that CT scan and sinus X-rays are rarely indicated in the setting of acute sinusitis.

Our clinician champion conducted large and small group education on the guideline and it was implemented without any difficulty.

### ***What happened –***

The guideline was implemented in October 2000. Compared to FY 00 data from the same period, we noted a 24% decrease in the number of patients diagnosed with sinusitis. There was also a 40% decrease in CT scans for sinusitis and a 70% decrease in sinus X-rays.



The guideline was well accepted by both clinicians and patients. Interestingly, there was little change in the percentage of recommended

antibiotics prescribed between FY 00 and FY 01 as the medical staff was already at a 75% rate of using these antibiotics for sinusitis. This might account for the fact that despite evidence that practice had changed significantly, (*fewer sinus CT scans, sinus x-rays & diagnosis of sinusitis*), clinicians reported that the guideline had little impact on their practice.

Projected annual impact of this guideline at our MTF will be 75-100 fewer patients diagnosed with sinusitis and exposed to antibiotics, 16 fewer CT scans and 100 fewer sinus x-ray series.

### ***Tips and Lessons Learned –***

- Large group teaching can increase awareness of a guideline project but has not been shown to change clinician behaviors.
- Presenting the information in an interactive small group setting is essential to get clinicians to change practice.
- Audit is a necessary component of clinical process improvement. Without clinical audit of our sinusitis care, we wouldn't have determined that practice had changed significantly.

### ***Credit for this initiative goes to –***

Naval Hospital Rota; specifically CDR Sue Herrold, NC and LCDR Andy Potts, MC

### ***Resources available for other MTFs –***

The Sinusitis guideline is included with the Group Health Cooperative guidelines licensed by BUMED for use in some of our facilities. Reminder cards are included in the guideline. The SF 600 overlay form is available from Rota.

### ***For Additional Information Contact –***

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